DOMINICAN UNIVERSITY

<u>Office of the Registrar</u>

**Application for
Bachelor of Medical Science**

Date_____

Late Application for Graduation

ID number_____

Name_____

Address_____ City_____ State_____ Zip_____

Home telephone _____Work telephone _____

Cell Phone _____ E-mail _____

Prior to graduation, the following requirements must be met:
1. Completion of a graduation audit
2. Completion of coursework as outlined in approved Plan of Study
3. Completion of at least 34 semester hours of credit in residence at Dominican University
4. A cumulative grade point average of 2.000 or above
5. Submission of Application for Graduation

Graduation Fee:
- Final payment of all fees (including graduation fee) must be received to participate in the commencement ceremony, receive a diploma, or request transcripts. *Degrees are conferred regardless of financial obligation*
- Students that submit a late graduation application will be charged a **graduation fee of $75 and late fee of $25**

Name as you wish it to appear on your certificate:

_____

Please Print or Type

Date you expect to complete requirements for certificate: August _____ January _____May _____

☐   I give permission for my name to be included in the commencement program.

☐   I do NOT give permission for my name to be included in the commencement program

IMPORTANT NOTICE: If any changes are made to the information above, the student MUST complete a new Application for Graduation.

Student's signature_____ Date _____

Dean's signature   _____ Date _____